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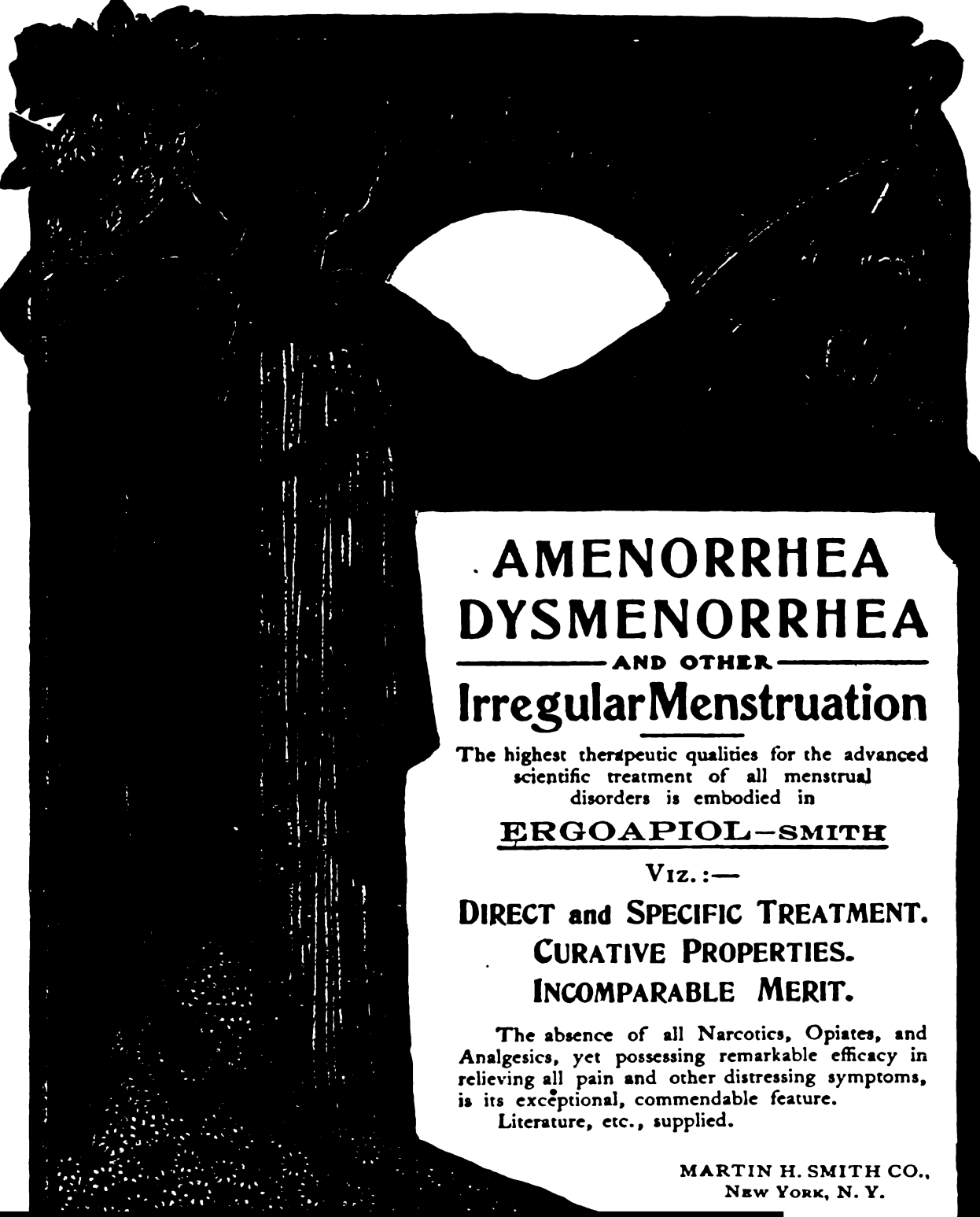

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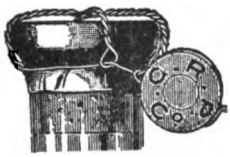

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*Fairchild's Hand-Book, page "49"

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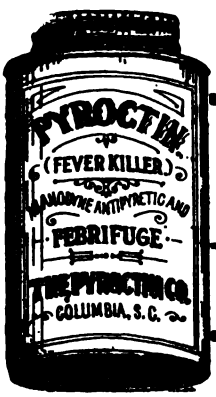

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ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $1.00 A YEAR.

VOL. XX. AUSTIN, AUGUST, 1904. No. 2.

Original Contributions.

For Texas Medical Journal.

The Medical Profession—A Contributory Factor to the Death Rate of Consumptives.

BY C. H. WILKINSON, M. D., SAN ANTONIO, TEXAS.

At the first glance the proposition just stated would seem to be a libel on a profession which, from time immemorial, has been recognized as the conservator of health and a bulwark between humanity and death. And right truly can this be asserted as regards nearly every malady on earth except in the case of the one under consideration. There is no body of men more charitable to humanity than ours. There is no calling more self-sacrificing and more zealous in its efforts to save human life than that of medicine.

Through the patience and untiring energy of physicians, great epidemic diseases have been brought under subjection, and the death rate amongst individuals has been reduced through their efforts at least 20 per cent in the past fifty years.

They have raised the profession to a point of dignity and honor, and their successes are in keeping with those of any science known. But there is a reverse to this picture, and across its face should be written, in dark characters, the word consumption.

For centuries past this great devastator of the human race has engaged the attention of medical men. At sea—in the beginning—as to its etiology, they simply did what they considered best for its relief, and to their efforts be praise and commendation for-

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ever. By degree, however, the mists that obscured our subject have gradually been wafted away, so that today there is no excuse for ignorance as to the nature, cause and diagnosis of this disease.

Every doctor now knows, or should know, the cause of consumption, and every physician should know the usual termination of such cases under the ordinary futile course pursued for their relief. There is no excuse for delaying an accurate diagnosis any longer. The microscope reveals its nature in a few minutes in the majority of instances, and then it is up to the physician to assert his manhood by revealing the nature of the malady to his confiding patients, when he meets them. Unfortunately, however, the lack of this professional manhood too frequently prevails, and we withhold that candor which we in honor owe to those whose lives depend upon it.

Through fear of "shock" to his feelings, we evade the inquiry so often made by the victim, "Doctor, have I got consumption?" In this evasion we contribute to his death. In this evasion we rob him of time, precaution and opportunity, each in itself invaluable in the management of such cases.

We thereby deceive our patrons into the delusion that they have not phthisis, but, nevertheless, we place them on consumptive treatment and ask them to call again at our office for further consultation. We are perfectly familiar with the facts that the usual routine treatment of consumptives with drugs generally ends in death, and that all experimentation with fads and systems usually terminates the same way.

We know that in climatic change, in the early stage of the disease, and in the open air life in some salubrious atmosphere, we can expect more benefit than in any other agencies known to the profession.

We know that incipient cases, mainly, are amenable to cure, and that they can reasonably expect it in selected climate.

All these things we know, and yet we continue to handle our cases from our pharmacopeas, at a dollar an office call, until the advanced stage of phthisis has arrived, and the patient is beyond the reach of climate or of any curative agency.

Again, having dilly-dallied with our phthisical cases until the hopeless third stage has arrived, we tell them to "go west," get out into Arizona or some other remote territory, where they, unconsigned to any particular place or person, and wasted in flesh and finances that might have been applied to an earlier pilgrimage, soon die of ennui and tuberculosis combined.

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Thus we err in two particulars in the management of our cases. Instead of sending them away in the early stage of their disease to a climate suited to their condition—which we ought to do—we temporize with them until the opportunity for relief is passed, and then, instead of keeping them at home to die amongst their friends and kindred, we send them off to die, "a stranger in a strange land."

The writer has been in charge of a camp for consumptives for the past two years, and has had abundant opportunities for verifying the statement made above.

Kept at home until the last stage of their disease had been reached, many of these poor victims realized too late that they had not been treated candidly at home.

"Had my physician at home only told me in the beginning that I had consumption, I would have been here long ago, and maybe well today." This and similar expressions have been heard so often that they have acted as an incentive to the writing of this article.

In this connection, I would suggest that, in the manner of handling consumptive cases at their homes, the medical profession might be divided into the following classes:

First. Those physicians who promptly inform their patients of the nature of their disease, and insist upon their seeking suitable climate for their relief at once.

Second. Those who withhold such advice, and allow their cases to remain at home, under the belief that they can be relieved by some new or attractive medical treatment.

Third. Those who, through lack of moral courage, neglect to state their patient's disease, for fear of shocking their tender sensibilities, until its nature is apparent to all beholders.

Fourth. Those, who knowing well the result of procrastination in such cases, retain and treat them at home for the money they can make out of them.

All but class number one are contributory factors in the death rate of consumptives.

OUR DUTY.

In handling cases of tuberculosis, a physician should bear in mind two important facts. First, he should know that nearly all such cases die unless they make at once a radical change of climate from the one they contracted their disease in; and, secondly, it is not only useless, but *actually* inhuman to ship them off from

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home and into a land of strangers after they attain the hopeless stage.

As soon, therefore, as we suspect a tubercular nature in his symptoms, we should urge him to go at once to a climate known to be renowned for its effects upon such cases, and there are scores of them well known to the profession in many of our Western and Southwestern States.

In his early stage he can shift for himself, after he completes his journey; in the last stage of phthisis he can not.

In the early stage, before grave molecular changes have taken place in the lungs, the bacilli will almost always quickly die out under the sunshine, pure air and other oxidizing influences of his new abode in a suitable climate; but when once such lesions have occurred recovery is rare; and, when systemic infection to much extent has taken place, then climate is of no avail, and all such cases should be kept at home, to run their usual course.

CONSIGNING CASES.

Apropos to the subject under consideration, every physician contemplating sending pulmonary cases away from home for climatic or for any other treatment, should first secure some reliable person at the place of destination to whom such cases should be consigned. This is an important matter and one that should never be neglected if possible by the medical adviser. Such consignee need not be a physician, though it were preferable that he should. Almost any honest and experienced layman might suffice in the absence of a good physician, but for many and obvious reasons the latter is preferred.

The majority of phthisical patients arrive at their destination complete strangers to all their new surroundings. They know no one, as a rule, neither do they know how or where to select their abodes, nor the life to lead. The result of this ignorance, in many instances, is a landing made in some illy-suited, cheap and unsanitary boarding house, where they reinfect themselves by inheriting disease germs left by some late decedent, or else they fall into the hands of some professional fake more dangerous in reality than the bacilli themselves.

Select you some respectable physician at the other end of the line, if possible, and formally consign your patient o him. The medical consignee will thereby take more than the usual professional interest in the invalid, and see to it that his personal, as well as medical, wants are not neglected, as they usually otherwise are.

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The health seeker, on the other hand, feels that he has then an acquaintance and a friend in his new physician, and thus one of the most disagreeable, if not one of the most depressing agencies on a consumptive—lonesomeness—is largely averted.

Before closing these lines, and for the information of physicians having tubercular cases under treatment, I would call brief attention to the climate of West Texas for the relief of such. When sent to this region in their incipiency, it is no exaggeration to state that no finer climate can be found for them in all America.

Especially do these remarks apply to the country west and northwest of San Antonio. Here the atmosphere is dry and salubrious, and pyogenic germs can not thrive unless carefully nurtured, and the bacilli of tuberculosis soon die out in the presence of its magnificent influence. Here hundreds of health seekers annually resort in order to recuperate, and find cure and benefit by remaining in the open air for the period of a few months.

This country is easily reached by rail, three large lines running through it out of San Antonio, while the requirements of the consumptives can be obtained either in hotels, camps or on ranches.

And now, with this information furnished the physician, there is no reason for his not knowing where to send his patient, and in the modern and accessible lights to diagnosis afforded them, there is no longer any excuse for procrastination in securing them relief.

Translated for Texas Medical Journal.

Albargin Joint Review With Personal Experience.

BY PROF. DR. SEIFERT, WURZBURG.

Dr. Leibrecht, the discoverer of Albargin, states that it is a combination of silver nitrate with gelatose, a cleavage product of gelatin. It contains 23.6 per cent. of silver nitrate or 15 per cent. of silver, as against 8 per cent. in protargol. It is a faintly yellowish powder, quite coarse and of very light weight, readily soluble in water of any temperature. The reaction of the solutions is quite neutral and dialysis through animal membranes readily occurs. In practice lotions may be prepared for douching, etc., with ordinary drinking water.

Albargin occurs in commerce as a powder or in tablets of 0.2 gm. (3 grs.) each, as that dosage in office hours and in polyclinic work may be facilitated. As the tablets dissolve more slowly than the

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powder, they must be crushed with a spatula or knife blade upon a sheet of paper before endeavoring to make a solution.

According to researches of Bornemann (*Therapie der Gegenwart*, March, 1901) Albargin destroys gonococci whenever it can reach them, and without the production of undue irritation of the tissues. The average strength of solutions for gonorrhea is 0.2 per cent. If much inflammation is present, the initial strength is 0.1 to 0.15 per cent. At first the albargin solutions are used alone, four or five times daily; later in combination with an astringent, and three times daily. An ordinary gonorrhea syringe is used in the usual manner. If the gonococci disappear permanently from the discharge, the treatment is limited to the use of the astringent. If inflammatory phenomena are not marked at the outset, massive irrigations are begun at once, Diday's method being followed, i. e., the patient receives one such irrigation daily and also gives himself three ordinary injections on the same day.

In cases of first infection, it is more difficult to destroy the gonococci than in second, third, or subsequent infections. In all sixty cases were treated with albargin, twenty-seven first attacks. Of the whole number eighteen developed posterior urethritis with adnexa complications. In the cases of simple anterior urethritis, the gonococcus disappeared in from one to forty days; as a rule, in from three to eight days. A notable advantage of albargin, aside from its dialyzability, is its cheapness.

According to Chrzelitser, who has reported over ninety cases of gonorrhea treated with albargin (*Dermatol. Centralbl., V*), the latter is a very satisfactory antigonorrheal remedy, which, however, like all other drugs, occasionally leaves us in the lurch. The duration of successful treatment may be from six to thirty days. Albargin belongs to those remedies which destroy the gonococcus and at the same time modify the inflammatory changes, which do not irritate, and which by reason of dialyzability are able to exert a deep action.

The experience of Klotz (*Med. News*, November 29, 1902), with albargin in twenty-six unselected cases of gonorrhea, causes him to declare that it comes near being the "ideal antigonorrheic" remedy of Neisser. He believes he may maintain that the urethra becomes rid of gonococci in a relatively short time. In some recent cases the gonococcus actually disappeared after a single injection. He had never observed such results after the use of other silver salts. An injection of 1 or 2 parts per 1000 causes neither pain nor increased secretion.

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The observations of Malejew extend over twenty cases (*Military Med. Journal,* St. Petersburg, March, 1902), which had received no treatment before admission to hospital. Injections of 1 to 1.5 per thousand were prescribed to be used twice daily—morning and evening—by the patient himself. The maximum duration of successful treatment was thirty-two days. In a single case the patient recovered in a week. Malejew came to the conclusion that albargin does not irritate the urethral mucosa, that it possesses notable bacteriological powers against gonococci, so that the course of the disease is much abridged; that it is much cheaper than protargol. Complications may appear during the albargin treatment just as they may under any other management of gonorrhea.

Out of forty-three cases of acute gonorrhea, Meyer (*Gaz. in ern. d. med. Prat.,* 1902, 24) cured thirty-four completely and permanently in two or three weeks. In a few cases only it became necessary to complete the cure with sulphocarbolate of zinc. In five cases albargin exerted but little influence over the gonorrheal process, and in four others, relapses occurred, which yielded to albargin and mild astringents. Albargin was used in 0.2 per cent. strength in three daily injections and one irrigation. In thirty-seven cases of chronic gonorrhea, albargin was used in 0.3 to 0.5 per cent. strength. Of this number twenty-five were permanently cured, and five others more or less benefited. In a single case the improvement was slight, and in the remaining five the remedy was of no avail. The length of treatment was from seven to ten weeks. A case of simultaneous gonorrehal cystitis was very effectively managed by 0.1 per cent. albargin. In gonorrheal vaginitis the treatment consisted of irrigation with 0.5 per cent. albargin with simultaneous use of tampons soaked in 0.3 per cent. albargin solution. The results were satisfactory. In four cases of endometritis gonorrhea, two of which were surely acute, one chronic and one doubtful, intrauterine irrigations and tampons saturated with 0.2 per cent. albargin were found to be very useful. Meyer, in view of these results, asserts that albargin is the best known remedy for combating gonorrheal infection. In acute cases, complete recovery was the usual result, while in chronic cases the complete cures amounted to 60 per cent. and cases more or less benefited to 15 per cent.

Pick (*Therapie d. Genenwart,* 1903) treated a large number of cases of gonorrhea with from ¼ to 1 per cent. albargin injections, which were made by the patients themselves three times daily. Inpatients also received irrigations of 0.02 to 0.05 per cent. solutions. The gonococcus vanished on the average after eight days treatment,

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and did not return. According to Pick's experience we possess in albargin an antigonorrhic which is equal to any known in respect to rapidity of result and absence of irritating qualities, and which excels all others in the certainty of its action. We are therefore justified in recommending it in all cases of acute gonorrhea.

Toth (*Orvosi Hetilap.*, 1902, No. 10) treated sixty-five cases of gonorrhea with albargin in the form of Janet irrigations of 0.1 to 0.2 per cent. strength. In the afternoon the patients themselves used injections of 0.2 to 0.5 per cent. strength. With solutions of from 0.1 to 0.5 per cent., there was no irritation of the urethra worth mentioning; the discharge soon diminished and the gonococci were killed. Good results are to be expected in acute and subacute cases; while in chronic urethritis the desired end is attained more rapidly by the use of more stimulating remedies.

To abort gonorrhea, Blaschko (*Berliner Klin. Woch.*, 19, 1902), uses upon the first day 1 to 2 per cent. solutions of albargin, while upon the following days one-half per cent. strength is used, the solution being allowed to remain in the urethra three minutes. Frank (*Berliner Klin. Woch.* 19, 1902), uses irrigations of albargin in 0.1 strength to abort gonorrhea, using them on three consecutive days, one irrigation daily, one-half liter each. He emphasizes that albargin costs 10 per cent. less than protargol, and is not decomposed in hot solutions.

I have myself used albargin for six months as an antigonorrhic, and can confirm throughout the statements of the authors cited. Some fifty cases, acute and chronic, were under treatment, all dispensary patients. In the acute cases, I used daily urethral irrigations of 0.1 per cent. strength, while in the chronic type the irrigations were of double strength, but used only twice a week. In none of my cases was it my good fortune to see the gonococci vanish during the first day; in fact, my best result was the disappearance of the germs by the eighth day. Extension of the disease to the posterior urethra, and the development of complications like prostatitis and epididymytitis occurred with the same apparent frequency as under other methods of treatment. Of the chronic cases, about 10 per cent. proved refractory to albargin. I must concede, however, that albargin is an extremely valuable addition to our materia medica for the treatment of gonorrhea, that strong solutions cause relatively little irritation, that it possesses a manifest deep action, and is very much cheaper than protargol.

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For Texas Medical Journal.

The Woman's Peril; The Man's Sin.

LETTER FROM DR. JOSEPHINE KINGSLEY.

In these progressive days, when medical science has worked out so many knotty problems, found a panacea for so many of the ills of life, that the one of most vital importance, and which has caused and is causing more disease and suffering than any, yes, all others together, should so long remain unnoticed and unchecked, is most surprising. I mean the so-called "social evil." The movement of the twentieth century is upon us, and it is a move of self-control.

To whom should parents and children go for advice as to sanitary and physiological conditions necessary to insure health and happiness, if not to the physician.

It is very evident that perfect manhood or womanhood can not be reached through gratification of lust any more than perfect digestion can be secured by the same processes.

The doctrine that self-control is not necessary or possible with the male human being is the one that has brought about present conditions. The medical profession should lead in this oncoming social uplift, or it will lose much that should belong to it.

There is no question of such vital importance to home and country, and no disease so fraught with evil and death as those resulting from these excesses; and all, or much at least, because of no proper teaching in the matter. There should be in every normal human being brain power sufficient to make them capable of self-control. When statistics tell us that 90 per cent of all men are at some time sufferers from gonorrheal affections, we can but see that only 10 per cent of men are physiologically well-developed beings, for normal healthy conditions do not beget disease. Add to this picture the entail that must result and we have a picture that would appall the world if spread out before it, which it will be, for the public are becoming aware that there is a great wrong somewhere.

Are the following conditions necessary evils? There are 300,000 women in our country leading lives of shame in houses of ill-fame, and one-half million candidates for this disease. Though the average life of these women is only five years, it is that much too long for the ruin they cause. No war was ever so devastating in its ravages. Out of 58,000 blind children in our large cities,

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15,000 innocent children are blind from gonorrheal ophthalmia alone. Other statistics, no less appalling, can not be given here; but can be found by referring to the *American Journal of Obstetrics and Diseases of Children* for February.

Medical science has studied the removal of the disease without reaching out to the cause, and have failed.

Women are becoming aroused as to the sudden death or invalidism of so many young innocent women so soon after marriage, and are inquiring into the cause.

Dr. Joseph Price says: "There are more and better reasons for locking up in jail a man with gonorrhea than a murderer, and yet they are secreted by the thousands and go on in their murderous work of infection. Can we not remove from our midst or reduce at least many of our most malignant diseases by preventing this culture ground from becoming a predisposing cause?"

How much longer shall we hold our position as a proud American people, with this incubus clinging to 90 per cent of our male population?

An eminent divine has said recently, "A man has no more right to poison his child with a loathsome, an incurable disease than he has to poison it with noxious drugs." Though self-control may never have been a quality listed in his studies or his actions in the past, it is to be hoped the time is not far distant when it may be made a necessary requirement.

San Antonio, Texas, June 25, 1904.

Abstracts and Selections.

Antitetanic Serum.

It has been shown that guinea pigs and other animals inoculated with the poison of tetanus survive when treated at once with antitetanic serum. In France Nocard observed 375 animals of various kinds, all of which had been wounded, accidentally or surgically, and subjected to tetanic infection. These animals were given antitetanic serum at once, before the disease had time to develop. As a result not a single case of tetanus occurred among them. On the other hand, he noted fifty-five traumatized animals that had been exposed to tetanic infection, every one of which developed the disease.

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In the August, 1899, number of *Medicine,* Prof. Geo. F. Butler, M. D., says: "Dr. Joseph Hughes, one of the most eminent and conservative veterinary surgeons in Chicago, has used the serum as a prophylactic in over five hundred cases following wounds, both surgical and accidental." Not a single case of tetanus has developed, though Dr. Hughes has used the serum where by former experience he was justified in expecting the disease to manifest itself.

From this and similar reports it has been proposed to immediately inject antiseptic serum in every case of traumatism of a suspicious character, hoping in this manner to prevent the subsequent development of tetanus. The serum is harmless to man, and may be given hypodermatically as the other serums. Nocard recommends that a first injection of ten cubic centimeters should be made as soon as possible after traumatism. A second injection should follow in from twelve to fifteen days.

It has been suggested to inject prophylactically all new-born infants in certain sections of Europe in which trismus neonatorum prevails.

In the *Therapeutic Gazette* for February 15, 1903, the editor directs attention to the fact that "although tetanus is, comparatively speaking, a rare disease, it is sufficiently frequent and fatal to make an antitetanic serum a much sought for remedy." He also pointed out the fact that the failure of antitetanic serum depended "not upon the fact that it was possessed of no virtue, but rather because it was used too late to combat the disease." The same writer expresses the view that "one fact stands out above all others, and that is, that thoroughly good results can not be expected from antitetanic serum unless it be given in the very earliest stages of the infection. So true is this that experienced observers have insisted that its best results can be obtained only when it is administered immediately after exposure to infection, without waiting until the micro-organisms have had a chance to develop in the body and produce early symptoms of poisoning.

The editor of the *New York Medical Journal,* in the issue of March 12, 1904, remarks that "the present drift of opinion seems to be to the effect that tetanus antitoxin, while probably of considerable prophylactic efficacy is of little use as a curative agent." At a meeting of the Paris Society of Surgery, according to the same editorial, M. Labbe expressed the view, that since the injection of antitetanic serum has been employed as a routine prophylactic measure, the disappearance of tetanus after surgical opera-

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tions in horses was a prime fact in support of its preventive efficiency.

Furthermore, recent experience in the immediate topical employment of antitoxin in cases of toy pistol injuries appears to support our trust in its prophylactic value.

Bazy (Bulletins et Mêmoires de la Société de Chirurgie de Paris, 1896, N. S., XXII, 186, 191) had four cases of tetanus develop in his wards. From that period he applied preventive treatment to all cases of wounds admitted to his service. He made twenty-one preventive inoculations of ten cubic centimeters each. None of these patients developed tetanus, although he says their wounds belonged to that catagory which includes most cases of the disease.

Dr. Joseph McFarland, in the Journal of the American Medical Association for July 4, 1903, reports the results of a series of observations upon eight hundred horses which illustrate the value of antitetanic serum as a prophylactic agent. During a period of four years there had been a death rate of 10 per cent from tetanus, in spite of all precautions. A systematic immunization with antitetanic serum was then begun. Injections of ten to twenty-five cubic centimeters of serum were given every three months. As a result the death rate from tetanus rapidly decreased, and in the second year has been reduced to less than 1 per cent. The author believes that the practical conclusions to be drawn from these observations may be applied to the human subject. He thinks that antitetanic serum should be given as a prophylactic measure in all cases of suspicious wounds that are likely to be followed by tetanus.

Experiments made on guinea pigs by the author demonstrated that the dried serum fully protects inoculated animals.

At the twenty-ninth annual meeting of the Mississippi Valley Medical Association, held at Memphis, Tenn., October 7, 8 and 9, 1903, Dr. S. C. Stanton, of Chicago, contributed a valuable statistical paper on "The Prophylaxis of Tetanus" (*The Medical News,* October 31, 1903, page 860). Among the various prophylactic measures recommended by the author were the open treatment of all wounds, however insignificant, in which from the nature or surroundings there was any risk of tetanus, the immediate use of antitetanic serum in all cases of Fourth of July wounds, wounds received in barnyards, gardens, or other places where the tetanus bacillus was likely to be present, or tetanus infection likely to occur.

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The Practice of Medicine.

The practice of medicine is variously defined, but the most limited application of the term is made by those who wish to practice medicine without complying with the reasonable requirements of law. The profession is always glad to see judges look at the matter in a broad way, as Judge Davis of the Court of Quarter Sessions of Philadelphia has done. His charge to the jury in the case of one Thomas E. Eldridge contains a clear and concise statement that is worth quoting:

First.—The practice of medicine consists in the offering of service and assuming the responsibilities of treating diseases, deformities and injuries, no matter by what means this is professed to be done.

Second.—Every State, because of the inherent nature of the calling of medicine, possesses the right both constitutionally and legally to demand a standard degree of qualification which will protect citizens from the consequences of incompetency and unskilled practice.

Third.—Anyone practicing medicine without the license of the State, which license is on the part of the State a guarantee of the possession of the qualification to safely pursue medical practice, is an illegal practitioner.

Everyone, therefore, who offers service as outlined, no matter by what means he professes to treat diseases, deformities and injuries, must, as a condition precedent thereto, have obtained the license in accordance with the laws of the commonwealth as finds them so doing.

This makes the practice of medicine—so far as the jurisdiction of the court in question is concerned—consist of the offering of service as a physician and the assumption of the responsibility of treating disease. The means used is not a matter of vital importance and the attempted evasion of the law by the defense that the alleged doctor did not prescribe drugs, etc., was seen to be a fallacy by the impartial judge. The trial developed the fact that the defendant had a diploma from an institution called the Eastern College of Electro-Therapeutics, and that he was practicing on the basis of that authority, pretending to be exempt from the medical practice law of the State of Pennsylvania. This calls attention again to some institutions which, although they pretend to give regular courses of instruction in certain branches, are little better than diploma mills, in that they turn out half-educated men who

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are prejudiced against the science of medicine in its broad sense, and who are ready to evade the laws of the State wherever they require more education than these would-be doctors possess.—*Journal A. M. A.*

[The courts of several States have also decided as above, notably Missouri, Alabama, and Illinois.—ED.]

Society Notes.

THE THIRTEENTH ANNUAL SESSION of the Mississippi Valley Medical Association will be held at Cincinnati, Ohio, October 11, 12, 13, 1904, under the presidency of Dr. Hugh T. Patrick of Chicago. The headquarters and meeting places will be at the Grand Hotel. The annual orations will be delivered by Dr. Wm. J. Mayo of Rochester, Minn., in Surgery, and Dr. C. Travis Drennen of Hot Springs, Ark., in Medicine. Request for places upon the program, or information in regard to the meeting, can be had by addressing the Secretary, Dr. Henry Enos Tuley, Louisville, Ky., or the Assistant Secretary, Dr. S. C. Stanton, Masonic Temple, Chicago, Ill. The usual railroad rates will be in effect.

BRAZOS VALLEY MEDICAL ASSOCIATION.—The Brazos Valley Medical Association held its seventeenth semi-annual meeting at Caldwell on May 10th and 11th. The following papers were read: "Autotoxemia or Malaria," Dr. Ben. H. Brodnax, Brodnax, La.; "Peculiar Gin Accident," Dr. J. P. Oliver, Caldwell, Texas; "Rheumatoid Arthritis," Dr. J. W. Torbett, Marlin, Texas; "A Rapid Method of End to End Anastomosis," Dr. W. W. Greer, Cameron, Texas; "Two Cases of Injury to Spinal Column," Dr. J. E. Thompson, Gaveston, Texas; "New Drugs and Procedures in Ocular Therapeutics," Dr. Joseph Mullen, Houston, Texas.

Dr. Thompson brought with him and exhibited a beautiful dissection showing the various methods in operations for hernia.

The following officers were elected: President, Dr. E. N. Shaw, Cameron; first vice-president, Dr. A. G. Krueger, Caldwell; second vice-president, Dr. H. E. Baine, Lexington; secretary and treasurer, Dr. W. B. Briggs, Easterly.

The secretary was instructed to send accounts to delinquents. If

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not settled in thirty days, drafts were to be drawn on them through the banks. If these were not paid before the next meeting, the names of all delinquents were to be read out before the association on the second Tuesday in November, prox., as suspended.

Due notice will be given of the next place of meeting.

Members of the association are earnestly requested to prepare papers for the next meeting. Please send subjects to Dr. W. B. Briggs at Easterly, not later than September 30th, as the program is desired at least one month before the time of meeting. Do not pass this matter idly by. There is ample time for preparation. A few papers from reputable physicians outside of the membership will be received. W. A. Briggs, Secretary.

Karnes County Medical Society.—The Karnes County Medical Society met in Runge, Texas, July 11th. Meeting called to order by President Dr. W. S. Picket. The following members were present: Dr Simmons, Charco; Dr. Hamock, Choat; Dr. J. Woolsey, Riddleville; Dr. Theodore Bauhring, Nordheim; Dr. Moore, Runge; Dr. Weilburn, Runge; Dr. Robinson, Runge; Dr. M. Forbes, Kenedy, Dr. W. S. Picket, Karnes City; Dr. W. A. King, Falls City.

Dr. J. Woolsey, Riddleville, had a very interesting case before the society. Dr. W. S. Picket of Karnes City had a paper on "Cholera Infantum," which was very favorably received. Dr. S. S. Robinson of Runge read a paper on "The Responsibility of the Physician in Obstetrical Work."

The society is in a flourishing condition and is considered to be the best organization of its kind in South Texas.

W. A. King, Secretary.

Austin County Medical Society.—The Austin County Medical Society (which was organized on December 30, 1903, in Bellville by Dr. Jno. T. Moore) met at Wallis, Texas, on June 28th at 8 p. m. Dr. W. T. Brown of Wallis read a paper on "Tr. Veratrum Veride in Puerperal Convulsions," and Dr. B. E. Knolle of Industry read one on "Malarial Hematuria." Both papers were well presented and freely discussed.

On the program for the next meeting, which will be held at Sealy, July 28th, at 8 p. m., are Drs. J. S. Davidson, San Felipe; A. W. Thompson, Bellville; A. J. Knolle, Industry, and J. W. Leonard, Peters. We have a membership of fifteen.

Otto E. Steck, Sec.-Treas.

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THE

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NOW OR NEVER!

The Texas Legislature will meet in January. In November Senators and Representatives are to be elected. Let my readers refresh their memories by reading over the editorials and the several bills in January, February, March and April, 1903, numbers of the "Red Back" and fix well in their minds the men who defeated our efforts both for sanitary legislation, vital statistics and amendment to the medical practice act, and if these men are candidates for re-election, move heaven and earth to defeat them, or convert them to reason and justice.

Now that the medical profession has been organized from the ground up, and every county society has or should have a legislative committee, it should make its influence felt. The medical profession is conscientiously working in the cause of sanitation and the protection of the public health, and, numbering as they do about six thousand regular physicians—about one-half of whom are enrolled the first year of organization—they constitute a factor in politics to be reckoned with. Concert of action on their part will elect or defeat any candidate for the Legislature.

The duty of these legislative committees, in addition to seeing that the medical practice act is enforced (so far as it can accomplish anything), should be to secure in advance from candidates pledges of support of the State Medical Association bills for sanitation and a State Board of Health to execute it, vital statistics

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and a registrar, and regulating the practice of medicine, if possible. Really, the last mentioned comes strictly under the province of "sanitation," meaning measures for the protection of health, for the ignorant "doctor"—the drugless terrors unwisely exempted by the State from the necessity of being licensed, is as great a menace to the public health as any disease or disease-producing condition, and that obnoxious, unjust, unreasonable and *unconstitutional* clause which *shows preference** to them, should and must be eliminated. Every one permitted by the State to *practice medicine* should toe the same mark. These drugless ones are practicing medicine. They claim to be educated in all branches except materia medica and therapeutics, and to hold diplomas from colleges. Why, then, in the name of reason, should they not be amenable to the law?

Now, here is what I propose: Remodel the existing law which exempts all who do not give drugs,—so as to make it apply to all who undertake to treat disease,—except the Christian Science cranks. Let them alone. Let them pray over chronic cases, but under severe penalty prohibit them from undertaking to deal with wounds, injuries, contagious or infectious diseases, or, in fact, any acute cases. They do not pretend to be educated in any of the branches of medicine, and to require them to be examined would be tantamount to prohibition, and at once the cry would be raised, "religious persecution." That is what beat us; let's fix them so they can do no harm, and let it go at that.

Now let all the county societies go to work; send out their members to "interview" candidates, and get in their work in the interest of humanity. I especially call attention to the March, 1903, number of the "Red Back." Let the county societies have the letters there published printed and distributed. It will enlighten many well-meaning candidates,—will open their eyes. I know by conversation with intelligent members that they are deluded by the belief that if a man *gives no medicine* he is not practicing medicine! The courts have ruled in numerous cases that the drugless ones are practicing medicine within the meaning of the law. But for the clause in our law which especially exempts them, they could be gotten at.

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AS AN INCENTIVE to county societies and an illustration and

*The Constitution says: "The State shall have the power to regulate the practice of medicine, but no preference shall be shown to any school of medicine."

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example of the kind of work to be done between now and November, I publish below an extract from a letter from a member of the State Association's Legislative Committee, and an ex-Councilor (suppressing names):

————————, August 1, 1904.

Dr. F. E. Daniel, President State Medical Association of Texas, Austin, Texas.

DEAR DOCTOR: We have just held our primary elections, and, as far as I have heard, we swept out every man that voted against the amendments we wanted last year. We elected ———— of this place to the State Senate, and he is one of the ablest lawyers in the State, and is pledged to any measures we want. He says he owes his election to the efforts of the doctors of this district, and that he will make any measure we want go through the Senate, or know why it fails.

The two representatives of this county are both strong men and will help up all they can. I went over to the Senatorial District just north of us and helped to defeat Senator ————, who voted with the drugless doctors in the last Legislature. If you have any literature that will help to show the wrong of exempting the drugless doctors, please send it to me so that I can supply the men to whom we can look for help in this part of the State.

Yours truly,

————————

I sent it. Go thou and do likewise.

THE GREAT INTERNATIONAL TUBERCULOSIS CONGRESS.

At St. Louis, the first week in October next, there will assemble the largest, ablest and most representative body of medical and lay sanitary scientists from all parts of the civilized world that ever met anywhere.

The cause that brings them together is that great problem in sanitary science and political economy that so largely affects the welfare,—nay, the integrity of civilized peoples: *How to stay the ravages of consumption.* They will meet, not for mere academic discussion, or for clinical and pathological hair-splitting, but to devise and put in execution measures of prevention—the only potent way of dealing with the scourge. Encouraged by the success with which sanitary science has dealt with so many other de-

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structive diseases,—the eradication of cholera, plague, diphtheria, smallpox, and now that great Southern scourge, the "saffron demon," which like a deadly upas casts its shadow annually over our land, the dreaded yellow fever, it is hoped that in this assembling of learned men some Finlay, Jenner, Koch, or Pasteur may arise; some Moses to show the way. Every European nation, some of the Asiatic, and all the American States, North and South, including, of course, the Dominion of Canada, and Mexico, will be represented by their ablest men, and a gigantic and far-reaching reform will be inaugurated. It is hoped to enlist the law-making powers of every government in the work, for, without legislation and money and earnest and capable workers, little can be done.

People, congresses and legislatures are slow to recognize that the public health is the foundation stone upon which alone a strong, vigorous and progressive nation can exist. Given healthy vigorous units and we have strong nations; and the fittest servive in nations as in individuals. But there is an awakening the world over to the necessity of successful sanitary warfare against this insidious, ever-present foe that saps the foundation sills of the fabric. Given a consumptive people, and decay and death await the State. When the Society Islands were discovered in the sixteenth century, there were 200,000 stalwart natives who lived out of doors. In twenty years consumption and smallpox, and whisky introduced by the Europeans and English, had reduced the population to 20,000. See Dr. Senn's great book on "The Island of Tahita," now being published serially.

The problem involves reform in almost every feature of civilized life; in our dwellings, factories, travel, clothing, everything.

I anticipate great enthusiasm and the shaping of means to ends that must be ultimately successful to a large degree.

* * * * * * * * * * *

It is a little disgusting to know that there is a clique of disgruntled medical men in the East who have *stooped* to misrepresent and belittle the Congress, and, by so doing,—seemingly for personal reasons,—endeavored to disaffect certain European delegates and officers of the Congress already appointed and pledged. It is that same pharisaical "I am holier than thou" crowd who sought to defeat the Ninth International Medical Congress and prevent its meeting in America in 1886; the new code soreheads who couldn't rule, sought to ruin; the dog in the manger spirit. "Since I can not prove a lover [hero], I am de-

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termined to prove a villain," as the inhuman hunch-back Duke of Gloucester said. Well, let them play the villain all they like, it will not stop the Congress. It is an assured success.

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I wish I had room for a complete list of officers, but I have not. I give below the names of the Texas officers and delegates.

* * * * * * * * * * *

ADVANCE NOTES OF THE CONGRESS (from *Medico-Legal Journal*):

The government of the United States has furnished the management of the Congress copies of letters sent by Lord Lansdowne, British foreign office, through Ambassador Hon. Joseph H. Choate, announcing the acceptance of the invitation by the Dominion of Canada and from several of the Spanish-speaking countries, from whom acceptances have been received.

A very large number of delegates from American States have been named and accepted their appointments.

The management congratulates itself and the Congress that the month of October was selected for the session of the Congress, and takes pleasure in announcing that all indications point to a large and successful session.

The management have organized a symposium on "Preventive Legislation Against Tuberculosis," and a letter has been sent out to those who take an interest in the work.

Standing committees will have charge of the following subjects: State Sanatoria, the Pathology and Bacteriology of Tuberculosis, Climatology, the Surgery of Tuberculosis, Light and Electricity, the usual standing committees on Resolutions, Ways and Means, Censorship of Papers, the Public Press, etc.

The Medico-Legal Society of New York has been invited to sit in joint session with the Congress, and it has accepted the invitation, and the floor of the Congress and its work is open to every member of that body and its sections.

* * * * * * * * * * *

[Judge Clark Bell, of New York, Chairman Committee on Organization, will have a strong paper in our next issue.—DANIEL.]

First Vice-President of the Congress—Dr. F. E. Daniel, President State Medical Association of Texas, Austin.

Honorary Vice-Presidents of the Congress—Prof. John T. Moore, M. D., Vice-President State Medical Association of Texas, Galveston; Dr. Geo. R. Tabor, State Health Officer of Texas; Dr.

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T. J. Bennett, Ausin, Texas; Hon. Jos. D. Sayers, ex-Governor of Texas.

Delegates—Dr. M. M. Smith, Secretary State Board Medical Examiners; member of the Tuberculosis Congress Committee of Censors, Austin, Texas; Dr. H. .K Leake, Dallas; Dr. J. J. Robert, Hillsboro; Dr. J. E. Gilcreest, Gainesville; Prof. J. F. Y. Paine, M. D., Medical Department University of Texas, Galveston; Prof. J. W. McLaughlin, M. D., Medical Department University of Texas, Galveston; Dr. W. H. Allen, Marlin, Texas; Dr. E. S. Cox, Galveston, Texas; Dr. M. B. Grace, Seguin, Texas; Dr. James Lovett, Liberty, Texas; Dr. J. D. Jordan, Madisonville, Texas; Dr. Paul M. Raysor, Bryan, Texas; Dr. G. M. Abney, Franklin, Texas; Dr. E. E. Guinn, Rusk, Texas; Dr. P. L. Campbell, Dallas, Texas; Dr. J. H. Alexander, Meridian, Texas; Dr. J. F. Edwards, Denton, Texas; Dr. G. B. Foscue, Waco, Texas; Dr. H. W. Cummings, Hearne, Texas; Dr. B. M. Worsham, Superintendent State Insane Asylum, Austin; Dr. Marvin L. Graves, Superintendent State Insane Asylum, San Antonio; Dr. Jno. S. Turner, Superintendent State Insane Asylum, Terrell; Dr. John Preston, Superintendent Epileptic Colony, Abilene; Dr. C. H. Wilkison, San Antonio; Prof. Bacon Saunders, M. D., Dean Medical College, Fort Worth; Dr. Irvin Pope, Tyler; Dr. P. C. Coleman, Colorado City; Dr. Geo. H. Lee, Galveston, Dr. W. G. Jameson, Chief Surgeon I. & G. N. R. R., Palestine; Dr. A. C. Scott, Chief Surgeon G., C. & S. F. R. R., Temple; Dr. A. C. Smith, Chief Surgeon Cotton Belt Railroad, Tyler; Dr. R. W. Knox, Chief Surgeon S. P. System, Houston; Dr. S. C. Red, Chief Surgeon H. & T. C. R. R., Houston;; Dr. W. A. Duringer, Chief Surgeon ————, Fort Worth; Dr. A. Garwood, New Braunfels; Dr. J. A. Rawlings, El Paso; Dr. D. R. Fly, Amarillo; Dr. W. E. Fowler, Prison Physician, Huntsville; Dr. Boyd Cornick, San-Angelo; Dr. W. R. Blaylock, McGregor; Dr. B. F. Kingsley, San Antonio.

AN "EMPRESS" OF ROME.—A Kansas doctor quotes Shakespeare[?]. I extract the following, *verbatim*, from a pamphlet lately received, entitled "The Conjugal Relation, or Sexual Hygiene," by a Kansas doctor of some pretentions:

"We look with awe on other forms of perversion like that so graphically portrayed in the picture drawn by Shakespeare from life at the head of a Roman court, where the Empress—Anne Boleyn or Bullen, the second wife of Henry VIII—fair as a lily,

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in lewd embrace clasped to her bosom the murderous and licentious black man Aaron. This was in the far-off past, and yet, through the gloom of more than 2000 years, its horrid details are sufficient to fill us with loathing."

Oh! Oh! Oh! That is delicious! The unfortunate Anne Boleyn, the mother of England's most famous queen, referred to as *Empress of Rome* sixteen hundred years before she was born! Shades of Shakespeare, Gibbon and the Cæsars! but it is a good joke on you. In shade-land, I can imagine old Shake sulking and saying cuss words,—while Gibbon and the Cæsar boys are nudging him in the ribs and guying him. What do you suppose the learned writer was hitting at, anyway? Really, if I had a ten-year-old boy who didn't know better than that, I'd send him to Dr. Pilcher, in charge of the asylum for idiots at Winfield, Kans., to be bored for the simples.

* * * * * * * * * *

In this same pamphlet I find several pages taken from my paper on "The Cause and Prevention of Rape; Sadism in the Negro," without acknowledgment, credit or even quotation mark. That is bad enough, but it is published (without date of publication) as a paper claimed to have been read several months prior to the publication of my paper. This indirectly asserts priority to the use of my own words, and is calculated and was intended to deceive. To be sure it is not true; but that seems to make no difference with the alleged author; he does not seem to mind a little thing like that. It is really not worth mentioning, and I would not mention it except to denounce it as an atrocious plagiarism. For, "Big fleas have little fleas on their backs to bite 'em," you know, as Saxe said, and we must be patient under that affliction of which, when told of a published criticism of him, the great John Hunter said: "Yes, we all of us have vermin that feed upon us."

News and Miscellany.

Dr. John Punton, superintendent of the Punton Sanitarium or Home for Nervous Invalids at Kansas City, is adding a large addition to the sanitarium building in response to an increased demand for accommodation by patients. There is also being built a large extension to the verandas, which will be used by the guests as places of recreation. The management of the Sanitarium highly

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appreciates the support received from the medical profession and has great confidence in the continued success of the institution.

TULANE MEDICAL DEPARTMENT.—The Tulane Medical Department has made several changes in the teaching staff. Through the resignation of Dr. L. F. Reynaud the chair of Materia Medica and Therapeutics was made vacant. The Faculty elected in his stead Dr. J. T. Halsey of the McGill University, Montreal, Can. In addition to this the following have been elected associate professors: Dr. Isadore Dyer to the chair on Diseases of the Skin; Dr. E. D. Fenner to the chair on Diseases of Children; Dr. J. B. Elliott, Jr., to the chair on Clinical Medicine. Dr. P. E. Archinard, in addition to his branch of bacteriology, has been made lecturer, and Gordon King has been made lecturer and clinical instructor on diseases of the ear, nose, and throat; and Dr. J. B. Guthrie has been made lecturer on materia medica and theraputics.

THE FUMIGATION OF PUBLIC BUILDINGS.—The suggestion offered by Health Commissioner Darlington of New York of fumigating churches, theaters, and all buildings used for public gatherings immediately after their use is an excellent one. The majority of colds are contracted not so much from the much dreaded draughts of cold air as from the intimate contact of some one suffering from a coryza. Theaters and churches are as a rule notorious for their inadequate system of ventilation. To enter one of them from the pure outside air about the middle of the season is to be struck at once with the foulness of the atmosphere. That this foul air is the cause of the majority of colds, influenzas, and other air-borne diseases there is no doubt. In the interest of public health ordinances should be passed compelling theater managers to at least thoroughly air their houses after each performance, and at stated intervals, say once a week, to thoroughly disinfect them with formaldehyde.—*Medical Age.*

WILL REPAIR YOUR ELECTRICAL MACHINES.—Static and all electrical medical apparatus put in running order. I am also agent for electrical and X-Ray apparatus. Oliver Brush, 710 Colorado Street, Austin, Texas.

DR. R. H. L. BIBB, so well known and deservedly popular in Texas, his old home, and for many years chief surgeon of the Mex-

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ican National Railroad, has been appointed chief surgeon of the combined hospital services of the Mexican National, the International, and the Inter-Oceanic Railroads. These companies have been merged under the "National's" management, and operates 3600 miles of road. Dr. Bibb is in charge of the hospital service of the entire system, including some thirty odd divisions and local surgeons and six general hospitals. The system will, under Dr. Bibb's supervision, at once erect additional hospitals. His headquarters will still be, as at present and in the past, at Saltillo. The medical profession of Texas will be glad to hear of Dr. Bibb's deserved promotion, and the JOURNAL, on behalf of his hosts of friends in Texas, extends its congratulations to the management on securing so efficient a chief, and so distinguished and popular a gentleman for the responsible position.

GOOD LOCATION AVAILABLE.—For sale, a large fine residence, barn and stables, separate office near by. Seven acres of fine land. Price, $3000; half cash, balance to suit. Practice averages $2500 to $3000. Collections 98 per cent. Practice goes with property. Pretty village in a beautiful and rich farming section peopled with German and Bohemian settlers; prompt pay. Nearest competition ten miles. Dr. Zvesper, Route 3, La Grange, Texas.

MARRIED in Austin, Texas, July 31st (ult.), Mr. M. C. Cornwell to Gertrude, youngest daughter of Dr. F. E. Daniel. No cards.

NEW ORLEANS POLYCLINIC—Eighteenth annual session opens November 7, 1904, and closes May 20, 1905. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory and cadaveric work. For further information, address New Orleans Polyclinic, postoffice box 797, New Orleans, La.

THE TEXAS SANITARIUM AT LLANO will be opened for patients August 15th inst. Llano furnishes the ideal climate for consumptives, and the Sanitarium, a splendid building just finished, is situated in a beautiful natural park of sixty acres. It is 1150 feet above sea level and 150 feet above the level of the beautiful Llano river, which it overlooks. There are tents scattered throughout the

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park for the more advanced cases. Everything is fully modern and high class. Dr. J. T. Barnard is the Resident Physician; Dr. M. M. Smith, Austin, is Secretary and Treasurer, to whom application should be made for terms and all particulars.

THE LUNATIC ASYLUM at Austin won, by competitive bid, the State's contract for many thousand pairs of hose and half hose for the numerous State institutions. Superintendent Worsham has combined business with treatment and put many of his patients to work on knitting machines, and they turn out first-class work. The employment is curative as well as lucrative. The institution is largely self-supporting, and is a credit to the State and to Dr. Worsham and his able assistants who have made it so.

ALL DOWN.—Mrs. Newlywed—Doctor, that bottle of medicine you left for baby is all gone.

Doctor—Impossible! I told you to give him a teaspoonful once an hour.

Mrs. Newlywed—Yes; but John and I and mother and the nurse have each to take a teaspoonful, too, in order to induce baby to take it.—*Puck.*

DR. GEO. R. TABOR, State Health Officer of Texas, has transferred headquarters of the Department of Public Health and Vital Statistics from Austin to Galveston for the summer, closing the office at Austin and taking his Secretary with him. He will have personal charge of the Galveston Quarantine Station, relieving Dr. McClendon, the officer in charge, who has been granted a leave of absence. Dr. Tabor is considerably pulled down in consequence of his arduous labors, and it is hoped that two months on the Gulf coast, out at the cool quarantine station, with good fishing, bathing and boating, will be beneficial to him.

DR. J. T. WILSON of Sherman, who has served the State Medical Association so efficiently on the legislative committee, has been appointed by the president of the association as Texas member on the National Legislative Council. Dr. C. A. L. Reed of Cincinnati is chairman.

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Books and Magazines

PRACTICAL MEDICAL SERIES.—We have before us the following volumes of the Practical Medical Series: "General Medicine," by Billings and Salisbury (October, 1903); "General Surgery," by Murphy (November, 1903); "Eye, Ear, Nose, Throat," by Wood, Andrews, and Head (December, 1903); "Gynecology," by Dudley Healy (March, 1904); "Obstetrics," by DeLee (April, 1904); "General Medicine," by Billings (May, 1904).

It is needless to speak of the value of this series of books; their value to the practicing physician is too well known, but we desire to remind our readers that the arrangement of the books in several volumes enable those interested in special subjects to buy only the parts they desire.

This series of books is published by the Year Book Publishing Co., 40 Dearborn Street, Chicago. Price, $1 and $1.50 per volume.

PROGRESSIVE MEDICINE—A QUARTERLY DIGEST OF ADVANCES, DISCOVERIES AND IMPROVEMENTS IN THE MEDICAL AND SURGICAL SCIENCES. Edited by Hobart Hare, M. D., assisted by H. R. M. Landis. The March number is fresh from the press. Lea Brothers & Company, publishers.

The 1904 series is bound in paper and the book, formerly in cloth at $2.50 per volume, now sells for $1.50. There is much valuable information in it, and the reasonable price for which it sells will enable every physician to obtain it for his library.

THE MEDICAL AND SURGICAL REPORT of the Presbyterian Hospital in the city of New York is just out and it contains some very able papers, together with a number of fine illustrations. Dr. John Howland's paper on the "Pathological Anatomy of Shiga Bacillus Infection of the Intestines in Infants," won the Briddon medal. The paper is very interesting and instructive.

J. D.

THE DOCTOR'S RECREATION SERIES. Charles Wells Moulton, general editor. Published by the Saalsfield Publishing Company, Akron, O. Facts and fancies of interest to the doctor and his patient. Arranged by Porter Davis, M. D. Price per volume, cloth, $2.50; leather, $4. 352 pages.

We have received Volume I of the series. It is entitled "The Doctor's Leisure Hour." We are simply delighted with it. It is

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something new, and is bright, breezy and brief. It is the very thing for a tired doctor to read and leave in his waiting-room for his tired patients to dip into while waiting. Besides being interesting, the volume is ornamental. The one we have is bound in chocolate cloth, gilt and green, on thick, but very light, embossed paper, rough and uneven edges, new Ronaldson type, and is illustrated with four beautiful steel engravings, viz.: "The Pride of the Family," "The Bride," "At the Dentist's," "An Irish Patient." I prize it very highly and have enjoyed several leisure hours pouring over its cheery, witty and humorous contents. The series is to consist of twelve volumes, to be issued one volume each month. I recommend it most cordially. It will be a cure for the blues and that tired feeling nearly all doctors have.

THE LAW OF MENTAL MEDICINE THE CORRELATION OF THE FACTS OF PSYCHOLOGY AND HISTOLOGY IN THEIR RELATION TO MENTAL THERAPEUTICS. By Thomas Jay Hudson, Ph. D., LL. D., author of the "Law of Psychic Phenomena," "The Divine Pedigree of Man," etc. Third edition. Chicago: A. C. McClurg & Co., 1903. Price, $1.20.

In this work on mental medicine, it has evidently been the effort of Dr. Hudson to place mental therapeutics on a firmer scientific basis, and lift it from that "humbuggery and hoodooism" which were long thought to be the essential factors in its action. He emphasizes the all-important and far-reaching consequences of suggestion, and makes a strong plea for their better use. The book is on the whole very interesting and full of practical points of importance, not only as a curative agent, but also in dealing with the various classes of mankind with which the doctor is in constant contact.

PSYCHO-THERAPY IN THE PRACTICE OF MEDICINE AND SURGERY. By Sheldon Leavitt, M. D. Chicago: Garner-Taylor Press, 79 Fifth Avenue, 1903. Price, $1.25.

In setting forth the principles of Psycho-Therapy in relation to medicine, Dr. Leavitt does not make the sweeping declaration that drugs are a thing of the past, but admits that their presence is essential, though he believes that suggestion is the most potent factor in their curative action. In tracing out the history of therapeutics, he calls attention to the service wrought by homeopathy and various other new doctrines which, though themselves not fundamental, have influenced the modern doctor for the best along all lines. He makes plain the fact that curative suggestion does

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not mean hypnotic trance, but that the principles of cure are based on rational measures. On the question of adoption by the profession at large of the principles of this new science, he warns against the too radical departure from the old methods, at the same time pointing out the undoubted superiority of the new, in many respects. His methods of procedure are clearly set forth, and everything conducive to the gaining of the patient's complete confidence is fully and thoroughly explained.

SAUNDERS' MEDICAL HAND-ATLASES.—ATLAS AND EPITOME OF HUMAN HISTOLOGY AND MICROSCOPIC ANATOMY. By Privatdocent Dr. J. Sobotta of Wurzburg. Edited, with additions, by G. Carl Huber, M. D., Junior Professor of Anatomy and Histology, and Director of the Histological Laboratory, University of Michigan, Ann Arbor. With 214 colored figures on 80 plates, 68 text-illustrations, and 248 pages of text. Philadelphia and London: W. B. Saunders & Co., 1903. Cloth, $4.50, net.

This work combines an abundance of well-chosen and most accurate illustrations with a concise text, and in such a manner as to make it both atlas and text-book. The great majority of the illustrations have been made from sections prepared from human tissues, and always from fresh and in every respect normal specimens. The colored lithographic plates have been produced with the aid of over thirty colors, and it is evident that particular care was taken to avoid distortion and assume exactness of magnification. The text is as brief as possible; clearness, however, not being sacrificed to brevity. The editor of the English translation has annotated and altered very freely certain portions of the sections on the adenoid tissues, blood and the blood-forming organs, muscular tissues, special sense organs, and peripheral nerve distributions, making these parts conform to the latest advances in the study of these tissues. The work will be found useful as an atlas, text-book, and book of reference for student and practitioner. We strongly recommend it.

LEA'S EPITOME OF MEDICAL EPITOMES. — TULEY'S EPITOME OF PEDIATRICS. — A MANUAL FOR STUDENTS AND PRACTITIONERS. By Henry Enos Tuley, A. B., M. D., Professor of Obstetrics in the Medical Department of Kentucky University, Louisville, Ky. In one 12mo volume of 266 pages, with 33 engravings. Cloth, $1, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

Much has been said pro and con regarding epitomization, but the resultant fact remains that when well done it is highly useful.

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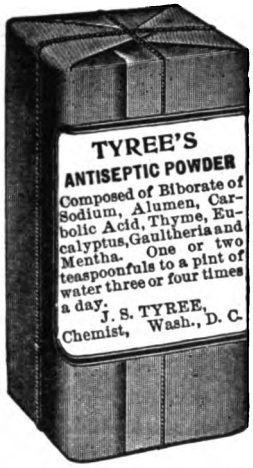
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THE MEDICAL NEWS POCKET FORMULARY. By E. Quin Thornton, M. D., Assistant Professor of Materia Medica in the Jefferson Medical College, Philadelphia. New (sixth) edition. Leather, wallet shape for the pocket, $1.50, net. Lea Brothers & Co., Philadelphia and New York, 1904.

Professor Thornton has again brought this useful pocket companion thoroughly to date. It is arranged alphabetically and the best therapeutics of the masters is therefore instantly at command in its pages. A peculiar and valuable feature is found in the discriminating annotations. The various stages and complications of disease require treatment adapted to the conditions they present, and rational and successful therapeutics must recognize this fact. In a few clear words Professor Thornton points out the special utility of each of the various prescriptions recommended under the headings of the respective diseases. The book opens with 16 pages of data which the physician will find useful, such as incompatibles, poisons and antidotes and a table of maximum and minimum doses. With this handy volume in his pocket, the practitioner need never feel at a loss for a pertinent suggestion.

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This book combines in one volume the sum of our knowledge concerning diseases of the pancreas, the suprarenal capsules, and the liver. Any contribution on these subjects is of great interest to the profession, and these monographs, proceeding from such distinguished investigators, will be found of unusual importance. In the sections on the pancreas and the suprarenals, the numerous experiments upon animals cited will be of the greatest value to the pathologist, the clinician, and the pathologic anatomist, affording an insight into the more deep-seated processes, and offering an opportunity of comparing the disturbances of function produced by morbid conditions experimentally induced, with bedside and autopsy observations. In editing these sections the editor has availed himself of the writings of Korte and Mayo Robson, especially the latter's important treatise on the etiology and treatment of chronic pancreatitis. An editorial addition to the section on the suprarenal capsules which seems especially noteworthy, is the investigations and discoveries on the active principles and therapeutic properties of suprarenal extract.

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The continued and increasing popularity of this little volume has placed the publishers under the obligation of keeping it abreast

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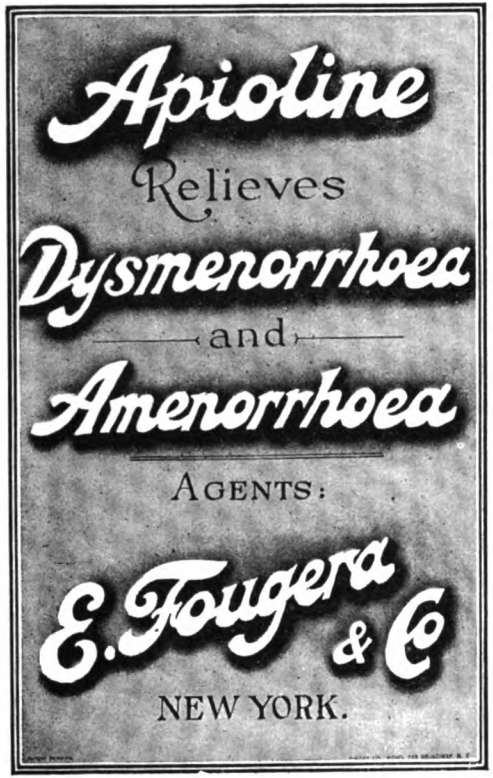

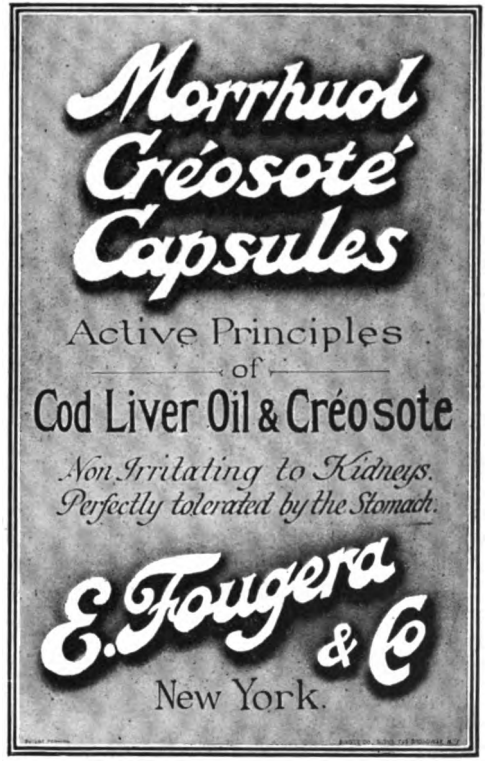

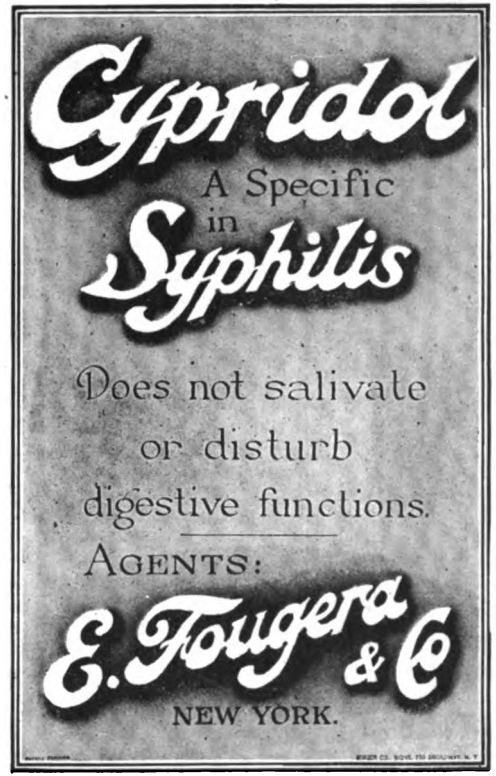

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of the times, of making it reflect the latest advances in the progressive profession of nursing. The revision has been extensive, every page showing evidences of careful scrutiny. Considerable portions of the work have been either amended, modified, or amplified in accordance with the progressive spirit of medicine and its indispensable handmaid, nursing. The sections treating of certain diseases, especially the infectious diseases, as well as the treatment of the common poisonings, have been in large part recast and rewritten. By the extensive revision the usefulness of the book has been greatly extended and its trustworthiness enhanced. There is no doubt that the work in its third revised form, will maintain the popularity justly won by the earlier edition.

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Dr. Griffith's manual on the Care of the Baby is without question the best work on the subject we have seen. The fact of a third edition being called for within such a short time, is sufficient evidence of its popularity. In preparing this edition every part of the book has been carefully revised and brought fully in accord with the latest advances in the subject. Several new recipes have been included in the appendix, making this excellent part of the work even more complete than ever. A large number of new illustrations have been added, greatly increasing the value of the book.

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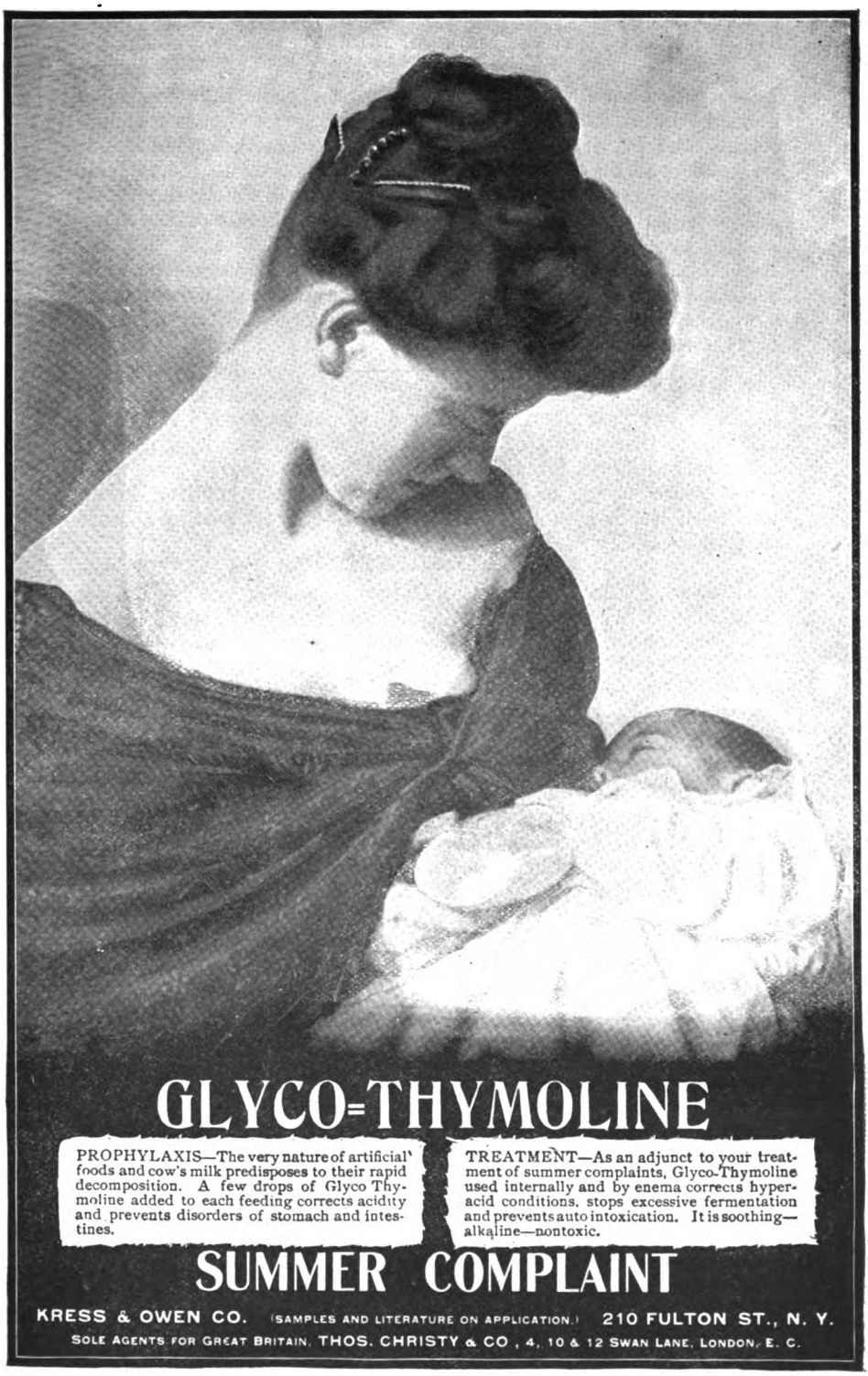
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THE DIET IN CHRONIC DIARRHEA OF INFANTS.—If the child be under one year of age, the diet must not go beyond the range allowed at that period of life. Barley water and whey, perhaps milk, according to circumstances, and Mellin's Food, raw meat juice, white of egg or yellow of egg with water, mutton broth, weak beef tea, is a sufficient list of foods.—*"Treatment of Disease in Children," Angel Money, M. D.*

HOW TO AVOID PRESCRIBING OPIUM AND MORPHINE.—Dr. N. B. Shade of Washington, D. C., in an article published in the *Medical Summary,* refers to many unfortunate effects of prescribing opium and morphine, intimating that the depressing after-effects of the administration of these drugs more than offsets the temporary good accomplished by their use. He mentions a very prominent congressman whose life, in his opinion, was cut short by the administration of morphine hypodermically in the case of pneumonitis. Dr. Shade states that he still prescribes morphine, but very seldom, as he finds it much safer to use papine. Papine, in his opinion, possesses all the desirable qualities of opium with the bad qualities eliminated. Some of the brightest minds of the present age are now being devoted to the development of a therapy in which the primitive bad effects of many important drugs are eliminated. Where the therapeutic action of morphine or opium is desired, it would seem to be a safe procedure to give papine a trial.

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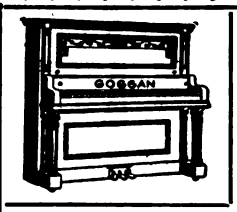

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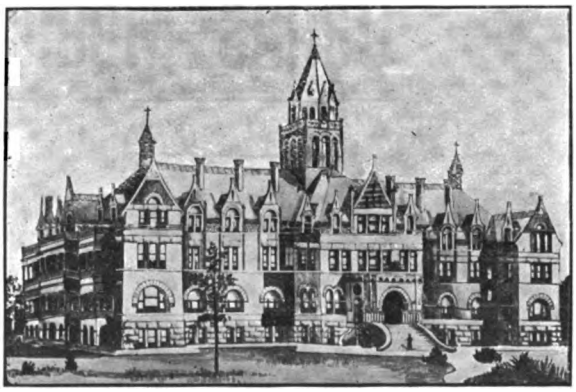

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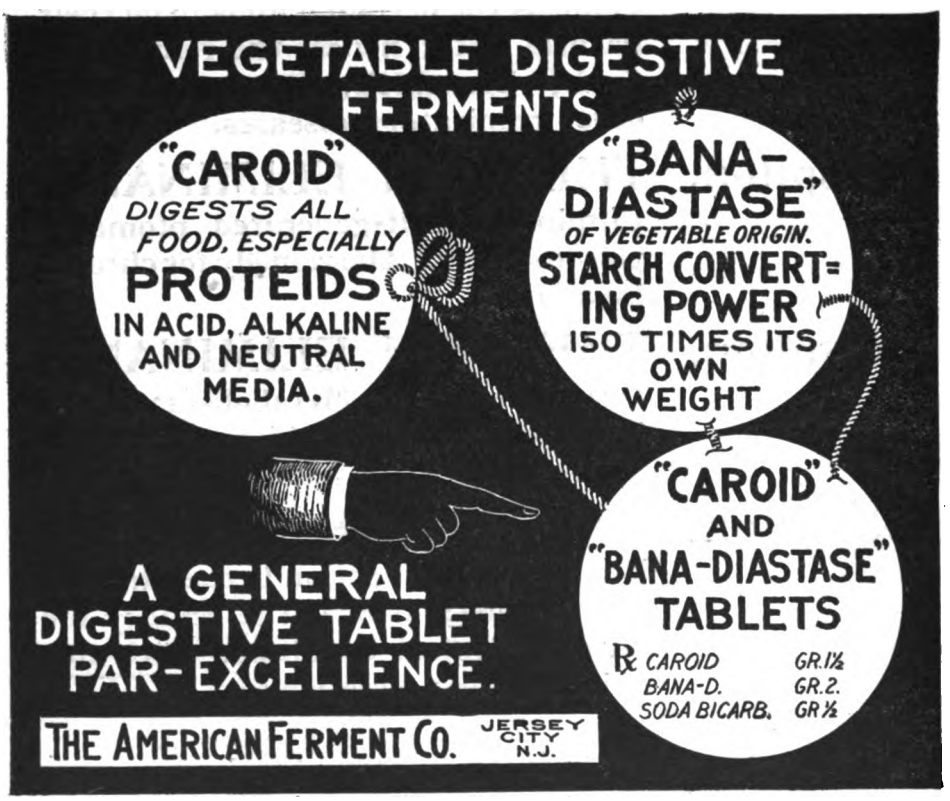
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